

<i>SERFF Tracking Number:</i>	<i>UHLC-125801381</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United HealthCare Insurance Company</i>	<i>State Tracking Number:</i>	<i>40148</i>
<i>Company Tracking Number:</i>	<i>CA1830 (8/08)</i>		
<i>TOI:</i>	<i>MS05G Group Medicare Supplement - Standard Sub-TOI:</i>		<i>MS05G.001 Plan A</i>
	<i>Plans</i>		
<i>Product Name:</i>	<i>Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>Cross Sell Self-Mailer/CA1830 (8/08)</i>		

## Filing at a Glance

Company: United HealthCare Insurance Company

Product Name: Medicare Supplement

SERFF Tr Num: UHLC-125801381 State: ArkansasLH

TOI: MS05G Group Medicare Supplement -  
Standard Plans

SERFF Status: Closed

State Tr Num: 40148

Sub-TOI: MS05G.001 Plan A

Co Tr Num: CA1830 (8/08)

State Status: Filed-Closed

Filing Type: Advertisement

Co Status:

Reviewer(s): Stephanie Fowler

Author: Tammy Frederick

Disposition Date: 10/02/2008

Date Submitted: 09/03/2008

Disposition Status: Filed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Cross Sell Self-Mailer

Status of Filing in Domicile: Pending

Project Number: CA1830 (8/08)

Date Approved in Domicile:

Requested Filing Mode: File & Use

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Large

Overall Rate Impact:

Group Market Type: Association

Filing Status Changed: 10/02/2008

State Status Changed: 10/02/2008

Deemer Date:

Corresponding Filing Tracking Number: CA1830 (8/08)

Filing Description:

Enclosed for your information are proof copies of advertising material for use in connection with the AARP group health insurance program. This advertising is new and does not replace any material previously submitted to the Department.

This Invitation to Inquire is a Medicare Supplement Advertisement. The Policy Form Number GRP79171 GPS-1 appears on each component in the Disclaimer paragraph.

SERFF Tracking Number: UHLC-125801381 State: Arkansas

Filing Company: United HealthCare Insurance Company State Tracking Number: 40148

Company Tracking Number: CA1830 (8/08)

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A  
Plans

Product Name: Medicare Supplement

Project Name/Number: Cross Sell Self-Mailer/CA1830 (8/08)

## Company and Contact

### Filing Contact Information

Susan Cipollo, Director Susan\_J\_Cipollo@uhc.com  
601 Office Center Dr. (267) 470-1519 [Phone]  
Fort Washington, PA 19034 (267) 470-1906[FAX]

### Filing Company Information

United HealthCare Insurance Company CoCode: 79413 State of Domicile: Connecticut  
450 Columbus Boulevard Group Code: 707 Company Type: Health  
PO Box 150450  
Hartford, CT 06115-0450 Group Name: State ID Number:  
(215) 653-8046 ext. [Phone] FEIN Number: 36-2739571  
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## Filing Fees

Fee Required? Yes  
Fee Amount: \$50.00  
Retaliatory? No  
Fee Explanation: 25.00 per component. 2 Components  
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United HealthCare Insurance Company	\$50.00	09/03/2008	22262210

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## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	10/02/2008	10/02/2008

### Amendments

Item	Schedule	Created By	Created On	Date Submitted
Self-Mailer	Form	Tammy Frederick	09/03/2008	09/03/2008
Self-Mailer	Form	Tammy Frederick	09/03/2008	09/03/2008

SERFF Tracking Number:	UHLC-125801381	State:	Arkansas
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TOI:	MS05G Group Medicare Supplement - Standard Plans	Sub-TOI:	MS05G.001 Plan A
Product Name:	Medicare Supplement		
Project Name/Number:	Cross Sell Self-Mailer/CA1830 (8/08)		

## Disposition

Disposition Date: 10/02/2008

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UHLC-125801381 State: Arkansas  
 Filing Company: United HealthCare Insurance Company State Tracking Number: 40148  
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 TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A  
 Plans  
 Product Name: Medicare Supplement  
 Project Name/Number: Cross Sell Self-Mailer/CA1830 (8/08)

Item Type	Item Name	Item Status	Public Access
Form (revised)	Self-Mailer	Filed	Yes
Form (revised)	Self-Mailer	Filed	Yes
Form	Self-Mailer		Yes
Form	Self-Mailer		Yes

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 Plans  
 Product Name: Medicare Supplement  
 Project Name/Number: Cross Sell Self-Mailer/CA1830 (8/08)

## Amendment Letter

Amendment Date:  
 Submitted Date: 09/03/2008

### Comments:

Good afternoon.

My apologies as I forgot to attach the actual advertising components that need your review.

Thank you.

### Changed Items:

#### Form Schedule Item Changes:

#### Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
CA1830 (8/08)	Advertising	Self-Mailer	Initial					CA1830 (8-08).pdf

#### Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
CA1831 (8/08)	Advertising	Self-Mailer	Initial					CA1831 (8-08).pdf

SERFF Tracking Number: UHLC-125801381 State: Arkansas

Filing Company: United HealthCare Insurance Company State Tracking Number: 40148

Company Tracking Number: CA1830 (8/08)

TOI: MS05G Group Medicare Supplement - Standard Sub-TOI: MS05G.001 Plan A  
Plans

Product Name: Medicare Supplement

Project Name/Number: Cross Sell Self-Mailer/CA1830 (8/08)

## Form Schedule

Lead Form Number: CA1830 (8/08)

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed	CA1830 (8/08)	Advertising	Self-Mailer	Initial			CA1830 (8-08).pdf
Filed	CA1831 (8/08)	Advertising	Self-Mailer	Initial			CA1831 (8-08).pdf

P.O. Box 1017  
Montgomeryville, PA 18936-1017

Sample A. Sample  
123 Main Street  
Anytown, US XXXX-XXXX

Get more help with some of the expenses Medicare doesn't pay.

PRSRT STD  
U.S. POSTAGE  
PAID  
UNITED  
HEALTHCARE  
INSURANCE  
COMPANY



Take the next step in enhancing  
your Medicare coverage.



## You took care of your prescriptions. Now take care of the rest.

**As a member of the AARP® MedicareRx Plans,** you know that basic Medicare isn't always enough. And while a Part D plan helps lower your prescription costs, what can you do about the medical bills Part B doesn't pay?

Enhance your Medicare coverage with the value and freedom of **AARP® Medicare Supplement Insurance Plans,** insured by United HealthCare Insurance Company.



### VALUE

As with any Medicare supplemental plan, get help paying for the 20% of out-of-pocket costs not covered by Medicare Part B.



### FREEDOM

Medicare supplement insurance lets you keep your own doctors and get the care you need, wherever you are in the U.S., from any doctor that accepts Medicare. Plus no network restrictions or referrals to see specialists.



### SERVICE

Customer Service Representatives can help you find the plan that fits your needs. 99.4% of customer issues are resolved in the first call. Plus, 98.6% of claims are processed in 10 days.\*



### FAMILIAR NAME

As a member of the MedicareRx Plans, you know that AARP recognizes your need for a range of options when it comes to health care. So it's no surprise that 2.7 million members have enrolled in AARP Medicare Supplement Insurance.\*

**Call today 1-866-408-7518**, Weekdays, 7 a.m. to 11 p.m.,  
Saturday, 9 a.m. to 5 p.m., ET. TTY users can call **1-800-232-7773**.

\*Based on internal 2007 company data. Source: [www.aarphealthcare.com/news/ServiceStatistics.aspx](http://www.aarphealthcare.com/news/ServiceStatistics.aspx)

These plans carry the AARP name, and United HealthCare Insurance Company pays a fee to AARP and its affiliate for use of the AARP trademark and other services. Amounts paid are used for the general purposes of AARP and its members.

AARP does not make health plan recommendations for individuals. You are strongly encouraged to evaluate your needs before choosing a health plan.

AARP Health is a collection of health-related products, services, and insurance programs available through AARP. Neither AARP nor its affiliate is the insurer. AARP contracts with insurers to make coverage available to AARP members. Insured by United HealthCare

Insurance Company, Fort Washington, PA. **Not connected with or endorsed by the U.S. Government or the Federal Medicare Program.** Policy Form No. GRP 79171 GPS-1(G-36000-4). In some states, plans may be available to persons eligible for Medicare by reason of disability. All plans may not be available in your state/area. Call to receive complete information including benefits, costs, eligibility requirements, exclusions, and limitations.

This is a solicitation of insurance. An agent may contact you. AARP and its affiliates are not insurance agencies or carriers and do not employ or endorse individual agents.



Health

Medicare Supplement Insurance  
insured by United HealthCare  
Insurance Company

P.O. Box 1017  
Montgomeryville, PA 18936-1017

PRSRT STD  
U.S. POSTAGE  
PAID  
UNITED  
HEALTHCARE  
INSURANCE  
COMPANY

Sample A. Sample  
123 Main Street  
Anytown, US XXXX-XXXX

A second chance to lower more of your out-of-pocket Medicare costs.

CA1831 (8/08)

**Remember.**

Prescriptions aren't the only costs not paid by Medicare.



Health

Medicare Supplement Insurance  
insured by United HealthCare  
Insurance Company

# Here's another look at how to lower some of your medical bills.

As a member of the **AARP® MedicareRx Plans**, you know that basic Medicare isn't always enough. Now, as a Part D plan helps with your prescription costs, you can enhance your protection to lower some of the medical bills Part B doesn't pay.

Add value and freedom to your Medicare coverage with **AARP® Medicare Supplement Insurance Plans**, insured by United HealthCare Insurance Company.



## VALUE

As with any Medicare supplemental plan, get help paying for the 20% of out-of-pocket costs not covered by Medicare Part B.



## FREEDOM

Medicare supplement insurance lets you keep your own doctors and get the care you need, wherever you are in the U.S., from any doctor that accepts Medicare. Plus no network restrictions or referrals to see specialists.



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## Call now and learn how to enhance your protection,

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## **Rate Information**

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## Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

<b>Original Date:</b>	<b>Schedule</b>	<b>Document Name</b>	<b>Replaced Date</b>	<b>Attach Document</b>
No original date	Form	Self-Mailer	09/03/2008	
No original date	Form	Self-Mailer	09/03/2008	